

Cust 1
State 1

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 110191
Permit No. 669
Basin

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

57775

1. OWNER Pete Victory
MAILING ADDRESS 3595 Antelope Rd

ADDRESS AT WELL LOCATION 9305 Dutch Flat Rd
Humboldt
County:

2. LOCATION SE 1/4 SW 1/4 Sec 15 T 38 N R 39 E
PERMIT/WAIVER No. 1806-361-14
Issued by Water Resources Parcel No.

Subdivision Name:
Latitude _____ UTM E NAD 27
Longitude _____ N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	15	15
GRAY CLAY		15	20	5
SAND + GRAVEL		20	30	10
GRAVEL		30	70	40
TAN CLAY		70	80	10
BROWN CLAY		80	90	10
GRAVEL		90	105	15
TAN CLAY		105	110	5
GRAVEL		110	115	5
TAN CLAY		115	120	5
GRAVEL		120	130	10
TAN CLAY		130	145	15
GRAVEL		145	150	5

9. WELL CONSTRUCTION
Depth Drilled 150 Feet Depth Cased 150 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 150 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>		<u>1/88</u>	<u>1</u>	<u>150</u>

Perforations:
Type of perforation Torch Cut
Size of perforation 3/8 x 3
From 110 feet to 150 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 60 Pumped Poured
 20% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 85 to 150 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 85 Pumped Poured
Type: 3/8

Date started: 8-25 20 06
Date completed: 8-31 20 06

7. Water Level
Static water level: 30 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality:

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<u>100</u>	<u>1.5</u>	<u>2 hrs</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name LBJ DRILLING & PUMP COMPANY, INC. Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807
Signed Joe Boggio By driller performing actual drilling on site of contractor
Date